



St. John Ambulance
Council for Ontario

Memorandum

TO: Distribution
FROM: Don Smith, Provincial Cadet Officer
DATE: 30 August 2001
RE: 2001 International Cadet First Aid Competition

The 2001 International Cadet First Aid Competition will be held at several locations throughout Ontario on Sunday October 21, 2001. The guidelines of the competition, including age criteria are detailed in the August issue of JUST THE FACTS.

To facilitate planning and confirm locations, all competition entries must be received at Council no later than October 1, 2001. An Intent To Enter form is attached and is also available at Cadets Online. Late entries will not be accepted. Detailed joining instructions will be sent to divisions intending to enter.

To assist you in preparation of your teams, a copy of the 2000 scenario is available from the Community Services office at Council, Telephone 1-800-268-7581, on request. A complete archive of the last nine years of International Cadet First Aid Competition problem sets are available in PDF format online at Cadets Online <http://www.sja-ontario-cadets.org>.

This is an excellent opportunity to rally your division to prepare to compete in our Patient Care Competitions next spring and a great opportunity to introduce your new cadets to competition training.

Sincerely,

Don Smith
Email: dsmith@mmhs.ca

DISTRIBUTION

Provincial Commissioner	
Provincial Community Services Staff	Divisional Superintendents (Youth and Quad)
District Commissioners	Branches
District Cadet Officers	District Training Officers
Internal	



**2001 International Cadet First Aid Competition
Sunday October 21, 2001**

INTENT TO ENTER FORM

To: Community Services Department
St. John Council for Ontario
46 Wellesley Street East
Toronto, Ontario
M4Y 1G5
Fax: 416-923-4856 Email: bcole@on.sja.ca

Name of Division: _____

Name of Team: _____
(Clearly indicate the number of Teams or send an application for each team separately)

I have read and agree to abide by the competition guidelines.

Signature of Superintendent/Officer In Charge: _____

**Print or type the following information for the person to whom competition
information should be sent:**

Name of Superintendent / Officer In Charge: _____

Name: _____ Position: _____

Address: _____

City/Town: _____ Postal Code: _____

Tel. No. : _____ Fax No.: _____

Email Address: _____

*This entry form must be received at Council no later than October 1, 2001. Late
entries will not be accepted.*